

DEBORAH A. GRIGGS

PLAINTIFF/PETITIONER/MOVANT'S NAME

DEBORAH A. GRIGGS  
1239 CRYSTAL SPRINGS DR.  
CHULA VISTA, CA. 91915  
619-482-0711

ADDRESS

FILED  
2008 APR 18 PM 3:32  
CLERK OF DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
BY YNH DEPUTY

United States District Court  
Southern District Of California

'08 CV 0715 JLS POR

Civil No. \_\_\_\_\_

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

DEBORAH A. GRIGGS

Plaintiff/Petitioner/Movant

v.

DONALD C. WINTER SEC DEPT OF THE NAVY

Defendant/Respondent

**MOTION AND DECLARATION UNDER  
PENALTY OF PERJURY IN SUPPORT  
OF MOTION TO PROCEED IN FORMA  
PAUPERIS**

I, DEBORAH A. GRIGGS

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

**In further support of this application, I answer the following question under penalty of perjury:**

1. Are you currently incarcerated? Yes ☒ No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

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b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

JULY 20, 2006 LOGISTICS & INDUSTRIAL OPS GROUP  
INDUSTRIAL PRODUCTION SUPPORT DEPT.  
INDUSTRIAL PRODUCTION ACTIVITY CONTROL DIV  
NAVAIR DEPOT NORTH ISLAND, CA 92135

3. In the past twelve months have you received any money from any of the following sources?:

- |                                                   |                                            |
|---------------------------------------------------|--------------------------------------------|
| a. Business, profession or other self-employment  | Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input checked="" type="checkbox"/> Yes No |
| e. Social Security, disability or other welfare   | Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support                       | Yes <input checked="" type="checkbox"/> No |
| g. Any other sources                              | Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

\$1900.00 EACH MONTH

4. Do you have any checking account(s)? ☒ Yes No

- a. Name(s) and address(es) of bank(s) WELLS FARGO SAN DIEGO
- b. Present balance in account(s): \$250.00

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes ☒ No

- a. Name(s) and address(es) of bank(s): \_\_\_\_\_
- b. Present balance in account(s): \_\_\_\_\_

6. Do you own an automobile or other motor vehicle? ☒ Yes No

- a. Make: FORD Year: 1993 Model: EXPLORER II
- b. Is it financed? Yes ☒ No
- c. If so, what is the amount owed? \_\_\_\_\_

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☒ Yes      No

If "Yes" describe the property and state its value. \_\_\_\_\_

1/5 SHARE S/F RESIDENCE IN STATE OF WISCONSIN 1/5 SHARE \$8,000.00 VALUE

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

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9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

STATE OF CALIFORNIA \$9,000.00 TAX; STATE OF WISCONSIN \$7,000.00 TAXES  
AUTOMOBILE \$18,000.00 TOYOTA FINANCIAL

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

SPOUSAL CONTRIBUTION \$3200.00 MONTHLY

**I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.**

4-18-08  
DATE

  
SIGNATURE OF APPLICANT